

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS3182AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/22/2008
NAME OF PROVIDER OR SUPPLIER DUNCAN MANOR GROUP HOME 2		STREET ADDRESS, CITY, STATE, ZIP CODE 5351 SHARON MARIE COURT LAS VEGAS, NV 89118		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments This Statement of Deficiencies was generated as a result of the Annual survey conducted at your facility on October 22, 2008. The facility is licensed as a residential facility for groups to provide care for 5 elderly or disabled persons and/or persons with mental illnesses, Category 2 Residents. The census was 4. There were no complaints investigated. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. The following deficiencies were identified:	Y 000		
Y 251 SS=F	449.217(2) Storage of Food-Perishable foods refrigerated NAC 449.217 2. Perishable foods must be refrigerated at a temperature of 40 degrees Fahrenheit or less. Frozen foods must be kept at a temperature of 0 degrees or less. This Regulation is not met as evidenced by: Based on observation, the facility failed to ensure that perishable foods were refrigerated.	Y 251		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 251	Continued From page 1 Findings include: Observation On 10/22/08 in the late afternoon, there were 2 containers of eggs stored on a counter in the Dining Room. The eggs were warm to the touch. On 10/22/08 in the late afternoon, there was a bag full of unidentified meat thawing out on the kitchen counter next to the sink. Severity: 2 Scope: 3	Y 251		
Y 435 SS=D	449.229(4) Fire Extinguisher; Inspection NAC 449.229 4. Portable fire extinguishers must be inspected, recharged and tagged at least once each year by a person certified by the State Fire Marshall to conduct such inspections. This Regulation is not met as evidenced by: Based on observation, the facility failed to ensure that 1 fire extinguisher was inspected, recharged and tagged at least once per year. Findings include: Observation On 10/22/08 in the late afternoon, the fire extinguisher near the front door entry was not equipped with a tag indicating that it had been inspected and charged by a person certified by the State Fire Marshall.	Y 435		

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Y 435	Continued From page 2 Severity: 2 Scope: 1		Y 435		

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